



DIABETES IN GEORGETOWN COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Georgetown county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Georgetown county and SC in 1998.

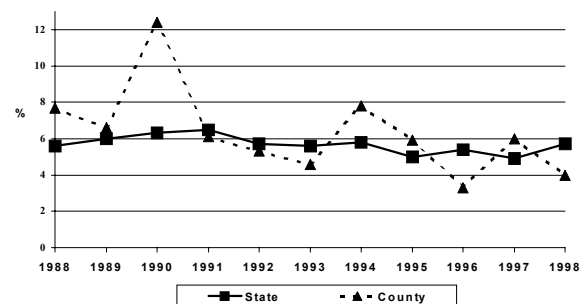
Table 1. Prevalence (%) of
Behavioral Risk Factors for Diabetes

	Georgetown County SC	
Overweight	53.8	52.3
Current Smokers	26.1	24.7
Physical Inactivity	61.9	61.6
Consuming fruits and vegetables less than 5-A-Day	78.3	78.2
High Cholesterol (1997)	25.9	24.4
Hypertension (1997)	25.0	26.7

Prevalence

In 1998, there were approximately 1,539 adults (4.0%) aged 18 and older living in Georgetown county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported
Diabetes among Adults, Georgetown, 1988-1998



Morbidity and Complications

In 1997, there were 161 hospital discharges with diabetes as the primary diagnosis among Georgetown county residents. During the same year, there was an additional 1,326 hospital discharges with diabetes-related condition. Compared to whites, African-Americans had more hospitalizations for diabetes as the primary diagnosis - 105 (65%), and fewer hospitalizations for diabetes as a related diagnosis - 653 (49%).

In 1997, hospital charges for hospitalizations of Georgetown county residents having diabetes as primary diagnosis were up to \$1.4 million and \$15.4 million for diabetes as a related condition. The total

length of hospital stay for diabetes as the primary diagnosis was 1,076 days.

Georgetown county patients with diabetes who had diabetes-related complications in 1997 included:

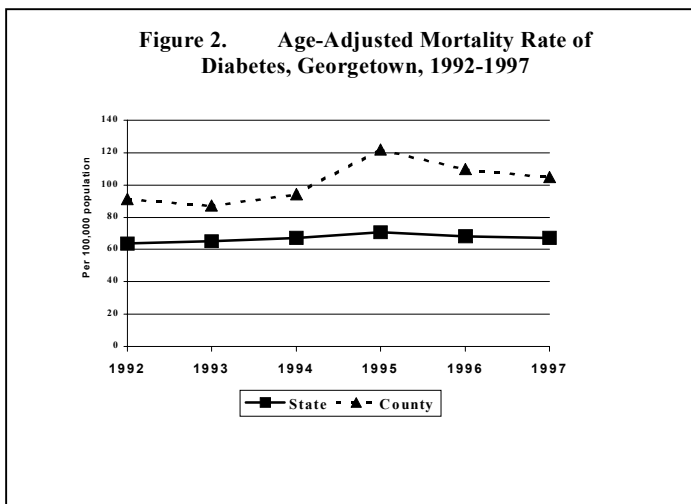
- 113 (7.7%) with renal manifestations;
- 44 (3%) with lower extremity amputations related to diabetes;
- 29 (1.9%) with diabetic ketoacidosis;
- 52 (3.5%) with renal failure;
- 94 (6.4%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 1,462 hospitalizations for patients with diabetes, 1,179 (80%) had cardiovascular diseases, and 191 (13%) had stroke.

In 1997, there were 156 emergency room (ER) visits for diabetes as the primary diagnosis, among which 110 (70.5%) were for African-American patients. In addition, there were 902 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$90,888.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 37 residents of Georgetown county. This is an age-standardized mortality rate of 58.8 per 100,000 population, higher than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 67 deaths in Georgetown county; a standardized mortality rate of 104.7 per 100,000 population.



A total of 394 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Georgetown county follows the national pattern of diabetic mortality that African-Americans have higher mortality rates than whites. African-American women had the highest standardized mortality (197.1 per 100,000 population) among all race-sex groups.

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